

**BOARD OF REGISTERED NURSING**

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**BUSINESS AND PROFESSIONS CODE**

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**NURSE PRACTITIONERS**

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**Division 2. Healing Arts; Chapter 6. Nursing; Article 8. Nurse Practitioners**

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**2834. Legislative Findings**

The Legislature finds that various and conflicting definitions of the nurse practitioner are being created by state agencies and private organizations within California. The Legislature also finds that the public is harmed by conflicting usage of the title of nurse practitioner and lack of correspondence between use of the title and qualifications of the registered nurse using the title. Therefore, the Legislature finds the public interest served by determination of the legitimate use of the title "nurse practitioner" by registered nurses.

(Added by Stats. 1977, c. 439, p. 1475, § 2.)

**2835. Necessity to Be Licensed and Meet Board Standards**

No person shall advertise or hold himself out as a "nurse practitioner" who is not a nurse licensed under this chapter and does not, in addition, meet the standards for a nurse practitioner established by the board.

(Added by Stats. 1977, c. 439, p. 1475, § 2.)

**2835.5. Submission of Information and Credentials for Determination of Qualification for Use of Title; Certificate; Application of Section**

On and after January 1, 1985, any registered nurse who is holding himself or herself out as a nurse practitioner or who desires to hold himself or herself out as a nurse practitioner shall, within the time prescribed by the board and prior to his or her next license renewal or the issuance of an initial license, submit educational, experience, and other credentials and information as the board may require for it to determine that the person qualifies to use the title "nurse practitioner," pursuant to the standards and qualifications established by the board.

Upon finding that a person is qualified to hold himself or herself out as a nurse practitioner, the board shall appropriately indicate on the license issued or renewed, that the person is qualified to use the title "nurse practitioner." The board shall also issue to each qualified person a certificate evidencing that the person is qualified to use the title "nurse practitioner."



Any person who has been found to be qualified by the board to use the title "nurse practitioner" prior to the effective date of this section, shall not be required to submit any further qualifications or information to the board and shall be deemed to have met the requirements of this section.

(Added by Stats. 1984, c. 525, § 2.)

## **2836. Establishment of Categories and Standards; Consultations**

The board shall establish categories of nurse practitioners and standards for nurses to hold themselves out as nurse practitioners in each category. Such standards shall take into account the types of advanced levels of nursing practice which are or may be performed and the clinical and didactic education, experience, or both needed to practice safely at those levels. In setting such standards, the board shall consult with nurse practitioners, physicians and surgeons with expertise in the nurse practitioner field, and health care organizations utilizing nurse practitioners. Established standards shall apply to persons without regard to the date of meeting such standards. If the board sets standards for use of nurse practitioner titles which include completion of an academically affiliated program, it shall provide equivalent standards for registered nurses who have not completed such a program.

(Added by Stats. 1977, c. 439, p. 1475, § 2.)

### **2836.1. Furnishing Drugs or Devices**

SECTION 1. Section 2836.1 of the Business and Professions Code is amended to read:

2836.1. Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:

(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and his or her supervising physician and surgeon under any of the following circumstances: (1) When furnished or ordered incidental to the provision of family planning services.

(2) When furnished or ordered incidental to the provision of routine health care or prenatal care.

(3) When rendered to essentially healthy persons.

(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or his or her designee.

(c) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure.

(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

(e) For purposes of this section, no physician and surgeon shall supervise more than four nurse practitioners at one time.

(f) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule III through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure. When Schedule III controlled substances, as defined in Section 11056 of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.

(g) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed (1) at least six months' physician and surgeon-supervised experience in the furnishing or ordering of drugs or devices and (2) a course in pharmacology covering the drugs or devices to be furnished or ordered under this section. The board shall establish the requirements for satisfactory completion of this subdivision.

(h) Use of the term "furnishing" in this section, in health facilities defined in subdivisions (b), (c), (d), (e), and (i) of Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.

(i) Nothing in this section, nor any other provision of law, shall be construed to authorize a nurse practitioner in solo practice to furnish drugs or devices, under any circumstances.

(j) "Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

## **2836.2. Furnishing of Drugs or Devices Defined**

SEC. 2. Section 2836.2 of the Business and Professions Code is amended to read:

2836.2. Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. All nurse practitioners who are authorized pursuant to Section 2831.1 to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

## **2836.3. Issuance of Numbers to Nurse Applicants; Fees; Renewal**

(a) The furnishing of drugs or devices by nurse practitioners is conditional on issuance by the board of a number to the nurse applicant who has successfully completed the requirements of subdivision (g) of Section 2836.1. The number shall be included on all transmittals of orders for drugs or devices by the nurse practitioner. The board shall make the list of numbers issued available to the Board of Pharmacy. The board may charge the applicant a fee to cover all necessary costs to implement this section.

(b) The number shall be renewable at the time of the applicant's registered nurse license renewal.

- (c) The board may revoke, suspend, or deny issuance of the numbers for incompetence or gross negligence in the performance of functions specified in Sections 2836.1 and 2836.2.

(Added by Stats. 1986, c. 493, § 4.)

### **2837. Construction of Article**

Nothing in this article shall be construed to limit the current scope of practice of a registered nurse authorized pursuant to this chapter.

(Added by Stats. 1977, c. 439, p. 1475, § 2.)

## **TITLE 16. CALIFORNIA CODE OF REGULATIONS**

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### **Article 8. Standards for Nurse Practitioners**

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#### **1480. Definitions.**

- (a) "Nurse practitioner" means a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in Section 1484.
- (b) "Primary health care" is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.
- (c) "Clinically competent" means that one possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.
- (d) "Holding oneself out" means to use the title of nurse-practitioner.

and Note: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2834, Business Professions Code.

History

1. New Article 8 (Sections 1480-1485) filed 7-13-79; effective thirtieth day thereafter (Register 79, No. 28).

2. Amendment filed 12-7-85; effective thirtieth day thereafter (Register 85, No. 49).

#### **1481. Categories of Nurse Practitioners.**

A registered nurse who has met the requirements of Section 1482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters "R.N., N.P." after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2834 and 2836, Business and Professions Code.

History

1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

### **1482. Requirements for Holding Out As a Nurse Practitioner.**

The requirements for holding oneself out as a nurse practitioner are:

- (a) Active licensure as a registered nurse in California; and
- (b) One of the following:
  - (1) Successful completion of a program of study which conforms to board standards; or
  - (2) Certification by a national or state organization whose standards are equivalent to those set forth in Section 1484; or
  - (3) A nurse who has not completed a nurse practitioner program of study which meets board standards as specified in Section 1484, shall be able to provide:
    - (A) Documentation of remediation of areas of deficiency in course content and/or clinical experience, and
    - (B) Verification by a nurse practitioner and by a physician who meet the requirements for faculty members specified in Section 1484(c), of clinical competence in the delivery of primary health care.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2835 and 2836, Business and Professions Code.

History

1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

### **1483. Evaluation of Credentials.**

An application for evaluation of a registered nurse's qualifications to hold out as a nurse practitioner shall be filed with the board on a form prescribed by the board and shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board to conform with Sections 1482 and 1484.

The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.

Note: Authority cited: Section 2715 and 2718, Business and Professions Code. Reference: Sections 2815 and 2835.5, Business and Professions Code.

History

1. Repealer and new section filed 8-21-86; effective thirtieth day (Register 86, No. 34).

### **1484. Standards of Education.**

The program of study preparing a nurse practitioner shall meet the following criteria:

- (a) Purpose, Philosophy and Objectives
  - (1) have as its primary purpose the preparation of registered nurses who can provide primary health care;
  - (2) have a clearly defined philosophy available in written form;
  - (3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate.

(b) Administration

- (1) Be conducted in conjunction with one of the following:
  - (A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health.
  - (B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department.
- (2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.
- (3) Have written policies for clearly informing applicants of the academic status of the program.
- (4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program.
- (5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.
- (6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.

(c) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.

- (1) Each faculty person shall demonstrate current competence in the area in which he/she teaches.
- (2) The director or co-director of the program shall:
  - (A) be a registered nurse;
  - (B) hold a Master's or higher degree in nursing or a related health field from an accredited college or university;
  - (C) have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.
- (3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.
- (4) A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence.
- (5) A clinical instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.

(d) Curriculum

- (1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.
- (2) The program shall provide evaluation of previous education and/or experience in primary health care for the purpose of granting credit for meeting program requirements.
- (3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression.
- (4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.

- (5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.
- (6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.
- (7) The program may be full-time or part-time and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), which shall include theory and supervised clinical practice.
- (8) The course of instruction shall be calculated according to the following formula:
  - (A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
  - (B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.
  - (C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.
- (9) Supervised clinical practice shall consist of two phases:
  - (A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.
  - (B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.
  - (C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.
- (10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.
- (11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.
- (12) The curriculum shall include, but is not limited to:
  - (A) Normal growth and development
  - (B) Pathophysiology
  - (C) Interviewing and communication skills
  - (D) Eliciting, recording and maintaining a developmental health history
  - (E) Comprehensive physical examination
  - (F) Psycho-social assessment
  - (G) Interpretation of laboratory findings
  - (H) Evaluation of assessment data to define health and developmental problems
  - (I) Pharmacology
  - (J) Nutrition
  - (K) Disease management
  - (L) Principles of health maintenance
  - (M) Assessment of community resources
  - (N) Initiating and providing emergency treatments
  - (O) Nurse practitioner role development
  - (P) Legal implications of advanced practice
  - (Q) Health care delivery systems
- (13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2836, Business and Professions Code.



### **1485. Scope of Practice.**

Nothing in this article shall be construed to limit the current scope of practice of the registered nurse authorized pursuant to the Business and Professions Code, Division 2, Chapter 6. The nurse practitioner shall function within the scope of practice as specified in the Nursing Practice Act and as it applies to all registered nurses.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2834 and 2837, Business and Professions Code.

#### History

1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

# **TITLE 16. CALIFORNIA CODE OF REGULATIONS**

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## **Article 7. Standardized Procedure Guidelines**

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### **1470. Purpose.**

The Board of Registered Nursing in conjunction with the Medical Board of California (see the regulations of the Medical Board of California, Article 9.5, Chapter 13, Title 16 of the California Code of Regulations) intends, by adopting the regulations contained in the article, to jointly promulgate guidelines for the development of standardized procedures to be used in organized health care systems which are subject to this rule. The purpose of these guidelines is:

- (a) To protect consumers by providing evidence that the nurse meets all requirements to practice safely.
- (b) To provide uniformity in development of standardized procedures.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2725 and 2811.5, Business and Professions Code.

#### **History**

- 1. New Article 7 (Sections 1470-1474, inclusive) filed 9-8-76; effective thirtieth day thereafter (Register 76, No. 37).
- 2. Amendment filed 6-17-85; effective thirtieth day thereafter (Register 85, No. 25).
- 3. Amendment of first paragraph filed 2-1-96; operative 3-2-96 (Register 96, No. 5).

### **1471. Definitions.**

For purposes of this article:

- (a) "Standardized procedure functions" means those functions specified in Business and Professions Code Section 2725(c) and (d) which are to be performed according to "standardized procedures";
- (b) "Organized health care system" means a health facility which is not licensed pursuant to Chapter 2 (commencing with Section 1250), Division 2 of the Health and Safety Code and includes, but is not limited to, clinics, home health agencies, physicians' offices and public or community health services;
- (c) "Standardized procedures" means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

### **1472. Standardized Procedure Functions.**

An organized health care system must develop standardized procedures before permitting registered nurses to perform standardized procedure functions. A registered nurse may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedures; and must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform such functions.



#### **1474. Standardized Procedure Guidelines.**

Following are the standardized procedure guidelines jointly promulgated by the Medical Board of California and by the Board of Registered Nursing:

- (a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.
- (b) Each standardized procedure shall:
  - (1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.
  - (2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.
  - (3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.
  - (4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.
  - (5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.
  - (6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
  - (7) Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.
  - (8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.
  - (9) State the limitations on settings, if any, in which standardized procedure functions may be performed.
  - (10) Specify patient record keeping requirements.
  - (11) Provide for a method of periodic review of the standardized procedures.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2725, Business and Professions Code.

#### History

- 1. Amendment of first paragraph and new Note filed 2-1-96; operative 3-2-96 (Register 96, No. 5).